

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

Effective Date: April 14, 2003

**Confidentiality Practices:**

The Arizona Health Care Cost Containment System (AHCCCS), including the Health Care Group Administration (HCGA) and the Premium Sharing Program, are all committed to protecting your health information. This notice explains how AHCCCS will use, share and protect your health information under these programs. It also explains your rights to privacy of your health information as required by law. If our confidentiality practices change, a new notice will be mailed to you within sixty (60) days of the change.

If you are enrolled with an AHCCCS Health Plan or Program Contractor, you should receive a notice like this one from your Health Plan, Program Contractor and your providers explaining how each one will use, share and protect your information, explain your rights, and explain how to complain to the Health Plan, Program Contractor, or provider about any problems you may have with them regarding the privacy of your information. For the rest of this notice health plan will mean both health plan and program contractor.

**Uses, Sharing and Protection of Health Information:**

The law only allows our staff to use your health information when doing their jobs or to share your information when it is necessary to run the AHCCCS programs. When health information is shared with other agencies or organizations, we require them to keep your health information confidential.

Your health information will be shared to approve or deny treatment, and to determine if you are getting the right medical treatment. For example, doctors and nurses employed by the programs might review the treatment plan created for you by your health care provider to make sure the care you receive is medically necessary.

**The Programs Will Use and Share Your Health Information to:**

- Decide what to pay your health plan.
- Make payments to your health plan and your health care providers for payment of medical services provided to you.
- Coordinate payment for your care between the program, your health plan, other health plans, and other insurance companies that may be responsible for the cost of your care.
- Coordinate your care between the program, your health plan, other health plans, and health care providers to improve the quality of your health care.
- Evaluate the performance of your health care providers and your health plan if you are assigned to one. For example, the program contracts with consultants to review hospital and other facilities' medical records to check on the quality of care you received.
- Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.
- Mail to you helpful information such as health plan choices and program benefit updates, free medical exams and consumer protection information.
- Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

**The Program May Disclose Your Health Information:**

- To public health agencies for activities such as disease control and prevention, problems with medical products or medications.
- If you are the victim of abuse, neglect or domestic violence.
- To health oversight agencies responsible for the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases or judicial and administrative hearings when required by law to run the program.
- To coroners, medical examiners, and funeral directors so that they can carry out their jobs as required by law.
- To organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.
- To entities authorized to conduct a research project.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been a member of the armed services.
- To correctional facility or law enforcement officials to maintain the health, safety, and security of the corrections systems, if you are held in custody.
- To workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- For law enforcement or national security and intelligence and to protect the President and others as required by law.

## **AHCCCS NOTICE OF PRIVACY PRACTICES**

### **Your Rights to Privacy:**

Your health information will not be shared without your written permission except as explained in this notice or required by law. You may give permission for other disclosures by completing the "AHCCCS Authorization to Disclose" Form, and you may revoke this permission in writing at any time.

### **ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING**

### **Your Other Rights Concerning Your Health Information Include the Right to:**

- See and Get Copies of Your Records. You may be charged a fee for the cost of copying your records.
- Request to Amend or Correct Your Records if you think there is a mistake. You must provide a reason for your request.
- Get a List of Disclosures made after April 14, 2003. This list will not include the time that information was disclosed for treatment, payment or health care operations. The list will not include information provided to you or your family directly, or information that was sent with your authorization.
- Further Restrict Uses and Disclosures of Your Health Information. You must tell AHCCCS what information you want to limit and to whom you want the limits to apply. AHCCCS is not required to agree to the restriction.
- Cancel Authorizations previously provided by you to AHCCCS. This cancellation, however, will not affect any information that has already been shared.
- Choose How the Program Communicates with You in a certain way or at a certain place.
- File a Complaint if you do not agree with how AHCCCS has used or disclosed information about you.
- Get a Paper Copy of this Notice at any time.

### **ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING**

### **How to Contact AHCCCS Regarding Your Privacy Rights:**

Mail all written forms, requests and correspondence to:

#### **AHCCCS Administration**

ATTN: Privacy Officer  
701 East Jefferson, MD 6200  
Phoenix, AZ 85034

The Privacy Officer may deny your request to look at, copy or change your records. If AHCCCS denies your request, AHCCCS will send you a letter that tells you why your request is being denied and if you can ask for a review of that denial. You will also receive information about how to file a complaint with AHCCCS or with the U.S. Department of Health and Human Services-Office of Civil Rights.

### **How to File a Complaint:**

You may file a complaint with AHCCCS or the U.S. Department of Health and Human Services-Office of Civil Rights:

Send correspondence to:

#### **AHCCCS Administration**

ATTN: Privacy Officer  
701 East Jefferson, MD 6200  
Phoenix, AZ 85034

Or to:

#### **Office for Civil Rights**

Medical Privacy, Complaint Division  
U.S. Depart. of Health and Human Services  
200 Independence Avenue, SW,  
HHH Building, Room 509H  
Washington, D.C. 20201

### **For More Information:**

If you have any questions about this notice or need more information, please contact the AHCCCS Privacy Officer.

AHCCCS may change its Notice of Privacy Practices. Any changes will apply to information AHCCCS already has, as well as any information AHCCCS may get in the future. A copy of any new notice will be posted at the AHCCCS Administration Office as well as its web site. You may ask for a copy of the current notice at any time, or get it on-line at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us).

### **To Contact AHCCCS Call:**

602-417-7000 from area codes 480, 602 and 623, from the rest of Arizona call 1-800-962-6690.